

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 2 1

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 441.35 §1932(c)(2) §1915(g)

7. FEDERAL BUDGET IMPACT:

a. FFY'02 \$0

b. FFY'03 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Preprint pages 46-50a
Att. 3. 1-A/B, Supp.1, pages 1-12
Att. 3.1-E, pp. 1-29. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME

Minnesota (02-021)
Approved: 09/18/02
Effective: 08/01/02

10. SUBJECT OF AMENDMENT:

Misc. preprint pages, Mental health targeted case management, and organ and tissue transplants

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: 7/30/02

16. RETURN TO:

Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Rd. No.
St. Paul, MN 55155-3852

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/5/02

18. DATE APPROVED:

9/18/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21. TYPED NAME:

Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

AUG 05 2002

DMCH - MI/MN/WI

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: MINNESOTA

Citation

4.14 Utilization/Quality Control

~~42 CFR 431.60~~
42 CFR 456.2
50 FR 15312
~~1902(a)(30)(C) and~~
1902(d) of the Act,
P.L. 99-509
(Section 9431)

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

— By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control ~~Peer Review Organization (PRO)~~ Quality Improvement Organization (QIO) designated under 42 CFR Part 462. The contract with the ~~PRO QIO~~ -

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to ~~PRO QIO~~ review;
- (4) Ensures that ~~PRO QIO~~ review activities are not inconsistent with the ~~PRO QIO~~ review of Medicare services; and
- (5) Includes a description of the extent to which ~~PRO QIO~~ determinations are considered conclusive for payment purposes.

— Quality review requirements described in ~~section 1902(a)(30)(C) of the Act~~ relating to services furnished by HMOs under contract are undertaken through contract with the ~~PRO QIO~~ designated under 42 CFR Part 475.

~~1902(a)(30)(C)~~
1932(c)(2) of the
Act, P.L. 99-509
105-33 (Section ~~9431~~
4705(a))

— By undertaking quality review of services furnished under each contract with a HMO through a private accreditation body.

X An entity that meets the requirements of the Act, as determined by the Secretary.

TN No. 02-21
Supersedes 92-06 (88-78/87-74/87-23/85-48)
Approval Date SEP 18 2002

Effective Date 08/01/02

Revision: HCFA-PM-85-3 (BERC)
July 1985

OMB No. 0938-0193

State: MINNESOTA

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

- ☐ Utilization and medical review are performed by a Utilization and Quality Control Quality Improvement ~~Peer Review~~ Organization designated under 42 CFR Part 475 that has a contract with the agency to perform those reviews.
- ☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:
 - ☐ all hospitals (other than mental hospitals).
 - ☐ those specified in the waiver.
- ☒ No waivers have been granted.

TN No. 02-21

Supersedes

Approval Date

SEP 18 2002

Effective Date 08/01/02

TN No. 01-02 (85-48)

Revision: HCFA-PM-85-3 (BERC)
July 1985

OMB No. 0938-0193

State: MINNESOTA

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

- ☐ Utilization and medical review are performed by a Utilization and Quality Control ~~Peer Review~~ Quality Improvement Organization designated under 42 CFR Part 475 that has a contract with the agency to perform those reviews.
- ☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
 - ☐ all mental hospitals.
 - ☐ those specified in the waiver.
- ☒ No waivers have been granted.

TN No. 02-21

Supersedes

Approval Date

SEP 18 2002

Effective Date 08/01/02

TN No. 01-02 (85-48)

Revision: HCFA-PM-85-3 (BERC)
July 1985

State/Territory: MINNESOTA

Citation

~~42 CFR 456.2~~
~~50 PR 15312~~

4.14(d)

~~The Medicaid agency meets the requirements of
42 CFR Part 456, Subpart E, for the control of
utilization of skilled nursing facility services.~~

~~Utilization and medical review are performed
by a Utilization and Quality Control Peer
Review Organization designated under 42 CFR
Part 462 that has a contract with the agency
to perform those reviews.~~

~~Utilization review is performed in accordance
with 42 CFR Part 456, Subpart H, that specifies
the conditions of a waiver of the requirements
of Subpart E for:~~

~~All skilled nursing facilities.~~

~~Those specified in the waiver.~~

~~* No waivers have been granted.~~

TN No. 02-21

Supersedes

Approval Date

SEP 18 2002

Effective Date 08/02/01

TN No. 85-48 (76-07)

HCFA ID: 00048P/0002P

Revision: HCFA-PM-85-3 (BERC)
July 1985

State/Territory: MINNESOTA

Citation

42 CFR 456.2
50 FR 15312

4.14(e)

The Medicaid agency meets the requirements of 42 CFR Part 546, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- ☒ Facility-based review.
- ☐ Direct review by personnel of the medical assistance unit of the State agency.
- ☐ Personnel under contract to the medical assistance unit of the State agency.
- ☐ Utilization and Quality Control ~~Peer Review~~ Quality Improvement Organizations.
- ☐ Another method as described in ATTACHMENT 4.14-A.
- ☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- ☐ Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 02-21

Supersedes

Approval Date

SEP 16 2002

Effective Date 08/01/02

TN No. 85-48 (76-07)

Revision: HCFA-PM-91-10 (MB)
December 1991

State/Territory: MINNESOTA

Citation

4.14 Utilization/Quality Control (continued)

~~1902(a)(30)~~
~~1932(c)(2)~~
and 1902(d) of
of the Act,
~~P.L. 99-509~~

~~(Section 9431)~~,
P.L. 99-203 (Section 4113)
P.L. 105-33 (Section
4705(a)

(f) The Medicaid agency meets the requirements of section ~~1902(a)(30)~~ 1932(c) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

___ A Utilization and Quality Control ~~Peer Review Organization~~ Quality Improvement Organization designated under 42 CFR Part 475 that has a contract with the agency to perform those reviews.

___ A private accreditation body.

x An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 02-21
Supersedes
TN No. 92-06

Approval Date SEP 18 2002

Effective Date 08/01/02

STATE: MINNESOTA

Supplement 1 to ATTACHMENT 3.1-A

Effective: August 1, 2002

Page 1

TN: 02-21

Approved: SEP 18 2002

Supersedes: 02-04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: MINNESOTA

MENTAL HEALTH TARGETED CASE MANAGEMENT SERVICES

A. Target Group (section 1915(g) of the Act):

Case management services are available for individuals who have been determined to have serious and persistent mental illness or severe emotional disturbance.

Serious and persistent mental illness is defined as the condition of a person who has a mental illness and meets at least one of the criteria in items 1 to 5:

1. The person has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months; or
2. The person has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months; or
3. The person has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder, indicates a significant impairment in functioning, and has a written opinion from a mental health professional (defined in item 6.d.A. of this attachment), in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in items 1 and 2, unless ongoing case management or community support services are provided; or
4. In the last three years, the person has been committed by a court as a mentally ill person under Minnesota Statutes, chapter 253B or the person's commitment has been stayed or continued for reasons related to the person's mental illness; or
5. The person: (a) was eligible under items 1 to 4, but the specified time period has expired or the person was eligible as a child with severe emotional disturbance under Minnesota Statutes, §245.4871, subdivision 6; and

A. Target group (section 1915(g) of the Act): (continued)

- (b) has a written opinion from a mental health professional, in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in item 1 or 2, unless ongoing case management or community support services are provided.

Severe emotional disturbance is defined as a child under age 18 who has an emotional disturbance and who meets one of the following criteria:

1. The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; or
2. The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
3. The child has one of the following as determined by a mental health professional (defined in item 6.d.A. of this attachment):
 - (i) psychosis or a clinical depression; or
 - (ii) a risk of harming self or others as a result of an emotional disturbance; or
 - (iii) psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
4. The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

B. Areas of the State in which services will be provided:

X Entire state.

— Only in the following geographic areas (authority §1915(g)(1) of the Act is invoked to provide services less than statewide): N/A

C. Comparability of Services:

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are activities that are coordinated on an individual client basis and are designed to help persons with serious and persistent mental illness or severe emotional disturbance in gaining access to needed medical, social, educational, financial, or other services necessary to meet the client's needs.

Case Management services include:

1. Completion and regular review of a written functional assessment.
2. The development and regular review of a written individual community support plan for the client based on both a functional and a diagnostic assessment of the client and incorporating the client's individual treatment plans.
3. Assisting the client to access appropriate mental health or other service providers, consistent with §1902(a)(23) of the Act.
4. Coordination of the provision of services consistent with §1902(a)(23) of the Act.
5. Monitoring the client's progress and the effectiveness of the individual community support plan.
6. Monitoring the discharge planning process for a client being discharged from a residential treatment facility, regional treatment center, or inpatient hospital.

D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to recover payment:
 - A. for an adult, the case management service provider must document at least a:
 - (1) face-to-face contact with the client or the client's legal representative; or
 - (2) telephone contact with the client or the client's legal representative and document a face-to-face contact with the client or the client's legal representative within the preceding two months.
 - B. for a child, the case management service provider must document at least a face-to-face contact with the client or the client's parents or legal representative.
2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review and revision of the client's individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.